

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/534489

FILING DATE

11 MAY 2005

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4		0				
5		0				
6		0				
7		0				
8		0				
9		0				
10		0				
11	/					
12		/				
13		/				
14		/				
15		/				
16		/				
17		/				
18		/				
19		/				
20	/					
21		/				
22		/				
23	/					
24		/				
25		/				
26		/				
27	/					
28		/				
29		/				
30		/				
31		/				
32		/				
33		/				
34		/				
35	/					
36		/				
37		/				
38		/				
39		/				
40		/				
41		/				
42		/				
43		/				
44	/					
45		/				
46		/				
47		/				
48		/				
49		/				
50		/				
TOTAL IND.	9	↓		↓		↓
TOTAL DEP.	41	←		←		←
TOTAL CLAIMS	50					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52		/				
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	0	↓		↓		↓
TOTAL DEP.	2	←		←		←
TOTAL CLAIMS	2					